

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09803492

FILING DATE
03-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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TOTAL IND.	12					
TOTAL DEP.	28					
TOTAL CLAIMS	40					

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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